

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO., 09/647108	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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2	/								
3	/								
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5	/								
6	/								
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50									
TOTAL IND.	2		2						
TOTAL DEP.	11		10						
TOTAL CLAIMS	13		10						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS